

DRAFT 9/05/01

INTERVENTION PLANNING FORM for CY2002

Name of District or Collaboration _____

Name of Organization Conducting Intervention _____

Name of Person Completing This Form _____

Check the type of organization that is conducting the intervention: *pull down menu*

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> CBO – Minority Board | <input type="checkbox"/> Local Health Department | <input type="checkbox"/> Local AOD | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> CBO – Non-Minority Board | <input type="checkbox"/> University/College/School | <input type="checkbox"/> Corrections/Jail | |
| <input type="checkbox"/> Church Based Group | <input type="checkbox"/> Alternative School | <input type="checkbox"/> Housing Community | |

Primary Population	Secondary Population	Co-Factors	Type of Intervention
<ul style="list-style-type: none">○ MSM○ IDU○ MSM/IDU○ Heterosexual○ Mother with/at risk for HIV○ General Population	<ul style="list-style-type: none">○ MSM○ IDU○ MSM/IDU○ Heterosexual○ Mother with/at risk for HIV○ General Population	<ul style="list-style-type: none">○ Alcohol use○ Crack use○ Other drug use○ Partner violence○ Homelessness○ Other (write in):	<ul style="list-style-type: none">○ Individual Level○ Group Level○ Prevention Case Management○ Community Based C & T○ Outreach○ Health Communication/Public Information○ Capacity Building○ Other

Objective(s):

Detailed Description of the Proposed Intervention (where will the intervention take place, what specifically will be done, what curriculum or educational materials will you use, how often will it be done? Describe specific steps):

Clients to be served with HIV prevention funds (M = male; F = female; T = transgender; NT = sex not targeted.	< 19 years old				20-29 year old				30 +				Age Data Not Available				Total
	M	F	T	NT	M	F	T	NT	M	F	T	NT	M	F	T	NT	
Black Not Hispanic																	
White Not Hispanic																	
Hispanic/Latino																	
American Indian																	
Asian/Pacific Islander																	
Other(specify):																	
TOTAL																	

What is the evidence that this intervention will work with this population? (science/formal or informal theory/rationale behind the intervention)

Evaluation:

Estimated Budget (Collaborations only):

Who will be your partners, if any